

STATEMENT OF CONFIDENTIALITY  
OFFICE OF QUALITY MANAGEMENT  
QUALITY ENHANCEMENT DIVISION

In order to honor the right to privacy that persons receiving services from the Department of Mental Retardation are due in their personal lives and clinical care, it is imperative that all individuals working or volunteering through DMR on behalf of those served by the Department will maintain confidentiality.

As a Team Member in the Survey and Certification process under the auspices of the Massachusetts Department of Mental Retardation, I agree to maintain confidentiality concerning the individuals I meet. I further agree to comply with any relevant statutory or regulatory provisions that safeguard the confidentiality of health care or personal information I may receive in the performance of my duties as a member of the Survey and Certification survey team.

I understand that any and all information heard and received is strictly confidential and I shall not in any manner, disclose such information to any person except:

- Other Team Members assigned
- Appropriate staff of the Department of Mental Retardation
- The Executive Director of the agency or his/her designee

Notwithstanding this obligation, I understand that any incident or condition which appears to be illegal, dangerous, or inhumane, or any act or omission of abuse or neglect, must be reported to the appropriate authorities.

Any concerns or questions I have regarding confidentiality are to be directed to the Regional Director of Quality Enhancement.

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NAME

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE

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SIGNATURE

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DATE

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DATE